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24504 7590 11/10/2004

THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP
 100 GALLERIA PARKWAY, NW
 STE 1750
 ATLANTA, GA 30339-5948

01/11/2005 HAL122 00000042 10696192

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP

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Rhonda Zaffino	(Depositor's name)
<i>Rhonda Zaffino</i>	(Signature)
January 5, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/696,192	10/29/2003	James Davis	081607-1222	6546

TITLE OF INVENTION: SYSTEM AND METHOD FOR CONTROLLING POWER DEMAND OVER AN INTEGRATED WIRELESS NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$685 \$1400	\$300	\$985 \$1700	02/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KOSOWSKI, ALEXANDER J	2125	700-295000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Thomas, Kayden,
 2 Horstemeyer & Risley LLP
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

STATSIGNAL SYSTEMS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Atlanta, Georgia

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

N. Andrew Crain

Date

5 Jan 2005

Registration No.

45,442

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